

Revised POC

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/21/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445424	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  03/18/2013
NAME OF PROVIDER OR SUPPLIER  CENTER ON AGING AND HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 880 SOUTH MOHAWK DRIVE ERWIN, TN 37650		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure corridor doors closed to a positive latch. The findings include:</p> <p>Observation and interview with the Housekeeping Supervisor, on March 18, 2013 between 7:00 p.m. and 10:00 p.m. confirmed corridor doors to residents rooms failed to close to a positive latch in the following locations:</p> <ol style="list-style-type: none"> <li>1. Resident smoking room</li> <li>2. East clean linen room door</li> <li>3. Central Supply room</li> </ol>	K 018	<p><b>K018 NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <ol style="list-style-type: none"> <li>1) Corridor doors of Resident's Smoking Room, East Clean Linen Room, Central Supply, and the fire door of the 300 Hall Central Bath were corrected to a positive latch on March 19, 2013.</li> <li>2) All doors will be assessed for failure to positive latch and will be corrected by April 5, 2013.</li> <li>3) Maintenance will maintain log regarding routine checking/repairs of the facility's doors.</li> <li>4) Maintenance will report findings in a log to the QA Committee on a quarterly basis for a period of one year. QA consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Quality Assurance Nurse, Safety Director and Department Heads.</li> </ol>	5/5/13	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/21/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445424	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  03/18/2013
NAME OF PROVIDER OR SUPPLIER  CENTER ON AGING AND HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 880 SOUTH MOHAWK DRIVE ERWIN, TN 37650		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018	Continued From page 1 4. Fire door by 300 hall central bath These findings were verified by the Housekeeping Supervisor and acknowledged by the Administrator during the exit conference on March 18, 2013.	K 018			
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure sprinkler heads were free of corrosion. The findings include: Observation and interview with the Housekeeping Supervisor, on March 18, 2013 at 9:30 p.m. confirmed three (3) of three (3) sprinkler heads in the kitchen were corroded. This finding was verified by the Housekeeping Supervisor and acknowledged by the Administrator during the exit conference on March 18, 2013.	K 062	K062 NFPA 101 LIFE SAFETY CODE STANDARD  1) Corroded sprinkler heads x3 in the kitchen were replaced on April 3, 2013. 2) Facility assessment will be conducted for defects/corrosion and any deficiencies will be corrected by 5/5/13. 3) Maintenance will conduct sprinkler checks monthly or as indicated. 4) Report maintenance log quarterly to the QA Committee for a period of one year. QA consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Quality Assurance Nurse, Safety Director and Department Heads.	5/5/13	
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure extension	K 147	K147 NFPA 101 LIFE SAFETY CODE STANDARD  1) Extension cords were removed from resident rooms #301, #223, #213, #208, #245 and power strips were placed as needed. 2) All resident rooms will be assessed for any extension cords with multiple outlets and will be removed. Power strips will replace extension cords by 5/5/13.		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: JVCX21

Facility ID: TN8603

If continuation sheet Page 2 of 3

No. 0669 P. 22

May. 16. 2013 12:30PM

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/21/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445424	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING		(X3) DATE SURVEY COMPLETED  03/18/2013
NAME OF PROVIDER OR SUPPLIER  CENTER ON AGING AND HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 880 SOUTH MOHAWK DRIVE ERWIN, TN 37650		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 147	Continued From page 2 cords and multiple outlet adapters were not used. The findings include: Observation and interview with the Housekeeping Supervisor, on March 18, 2013 between 7:00 p.m. and 10:10 p.m. confirmed the use of extension cords with multiple outlets in the resident rooms 301, 223, 213, 208, and 245. This finding was verified by the Housekeeping Supervisor and acknowledged by the Administrator during the exit conference on March 18, 2013.	K 147	3) During the admission process to the facility, the Admissions Coordinator will inform the resident or their family (or POA) of the facility policy regarding the use of extension cords/power strips within the building. Maintenance will check all residents rooms to conduct a QI monthly to ensure all rooms have the proper power strips if they present a need for extension cords. 4) Maintenance will report compliance quarter to the QA Committee for a period of one year. QA consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Quality Assurance Nurse, Safety Director and Department Heads.	5/5/13	